FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000004874 (4)**

1. Corporation Name

THE LOUISVILLE REVIVAL CENTERS INC.

Principal Place of Business	Mailing Address
815 NE 125TH ST N MIAMI FL 33161 US	815 NE 125TH ST N MIAMI FL 33161 US

3. Date Incorporated or Qualified: **10/28/1993**

3a. Date of Last Report: **05/19/1995**

2. Principal Place of Business — 21 | 22 State, Apt. #, etc. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address — 26 | 27 Suite, Apt. #, etc. | 28 City & State | 29 Zip | 30 Country

4. FEI Number: **61-1057752** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCLURE, INA
1731 SW 87 TERRACE
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PARRETT, DWIGHT PASTOR	
STREET ADDRESS	1731 SW 87 TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VD	☐ DELETE
NAME	MCCLURE, INA	
STREET ADDRESS	1731 SW 87 TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	SD	☐ DELETE
NAME	FLO, PARRETT	
STREET ADDRESS	1731 SW 87TH TERRACE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	TD	☐ DELETE
NAME	ANDERSON, ROBERT	
STREET ADDRESS	1731 SW 87 TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pastor Dwight Parrett / PASTOR DWIGHT PARRETT 1/16/96 8920000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #